**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Designation of Authorised Officer**

(section 91)

I, [full name], the Director of Area Addiction Services for [location] designate the following health professional as an Authorised Officer under section 91 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 for the purposes of the same Act.

Last name First names

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Name of designated Authorised Officer

This Authorised Officer is carrying out [his/her] duties under the general direction of the Director of Area Addiction Services, as required under section 91(4) of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.

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| Signature of Director of Area Addiction Services |  | Date of designation | | | | | | | |